

	NAME OF STUDENT	authorize
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o book road tests or the purpose of the Act):	s on my behalf and disclose the folk f booking a road test, in accordance	wing personal information to the Insurance Corporation of British Columbia (ICBC) with sections 26 and 27 of the Freedom of Information and Protection of Privacy A
<ul> <li>My name</li> </ul>		
<ul> <li>My learner's</li> </ul>	s licence number	
<ul> <li>My e-mail a</li> </ul>	iddress (if applicable)	
<ul> <li>My contact</li> </ul>	phone number	
cancellation to	o ICBC, or a reason for my failure to	sintment booked on my behalf without providing either at least 48 hours notice of attend that is satisfactory to ICBC, I will be charged a \$25.00 fee for each missed 0 fee is in addition to the usual road test fees.
<ol> <li>I understand a disclose the a enforcement ;</li> </ol>	bove personal information to any ex	ove information to update its customer database, and that ICBC will not ternal third party without my consent except where authorized by law, or for law
I understand personal information	that ICBC maintains physical, electr mation.	onic, and procedural safeguards in compliance with the Act to protect my
<del></del>	SIGNATURE OF STUDENT	DATE

If the student has any questions regarding how his or her personal information will be used by ICBC, he or she may contact:

**Driver Testing & Vehicle Information Services** 

151 West Esplanade North Vancouver BC V7M 3H9 Telephone: 604-661-2255 Toll Free: 1-888-715-7775